



REQUEST FOR ESTIMATE OF RETIREMENT BENEFITS

MEMBER INFORMATION

Last Name	First Name	Middle Name	Title
Current Mailing Address		City/State ZIP	
KTRS Member #	Date of Birth	School District/Employer	

All information must be completed to receive an Estimate.

Beneficiary's
Date of Birth:

_____, ____

Is Your Beneficiary:

☐ Your Spouse
☐ Other

Salary for
Current
Year:

\$ _____

Number of Contract Days for
Current Year:

Projected Future
Salary Increases
(please check one):

☐ 0% ☐ 1%
☐ 2% ☐ Other

Projected Date(s)
of Retirement:
(i.e. July 1, 2013)

Number of
SICK LEAVE Days
by each Projected
Date of Retirement:

Number of
ANNUAL
LEAVE Days by
each Projected
Date of
Retirement:

1.

2.

3.

4.